## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

0707 01521

|                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS AS                                 | (Column 1)                             |              | (Column 2)                      |                  |       | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------|--------------|---------------------------------|------------------|-------|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                            |                                                |                                           | 20                                     |              |                                 |                  |       | RATE                | FEE                    |         | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                     |                                                |                                           | NUMBER FILED                           |              | NUMBER EXTRA                    |                  |       | BASIC FEE           | 370.00                 | OR      | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                 |                                                |                                           | 20 minus 20=                           |              | *                               |                  |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                      |                                                |                                           | minus 3 =                              |              | *                               |                  |       | X42=                |                        | OR      | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM P                                                                                                                                                                                                                                                                              |                                                |                                           | RESENT                                 |              | <del></del>                     |                  |       | 140                 |                        |         | +280=                      |                        |
| * If                                                                                                                                                                                                                                                                                                    | the difference                                 | in column 1 is                            | aro ente                               | er "Ω" in α  | column 2                        |                  | +140= |                     | OR                     |         | 7. 6                       |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                |                                                |                                           |                                        |              |                                 |                  |       | TOTAL               |                        | OR      | TOTAL                      | 746<br>THAN            |
|                                                                                                                                                                                                                                                                                                         | С                                              | (Column 1)                                | AMENDED - PART II<br>(Column 2) (Colum |              |                                 | (Column 3)       |       | SMALL ENTITY        |                        |         | OTHER THAN SMALL ENTITY    |                        |
|                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS                                    |                                        |              | HEST                            | 10010111110)     | 1     |                     | ADDI-                  |         |                            | ADDI-                  |
| AMENDMENT A                                                                                                                                                                                                                                                                                             |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                                        | NUN<br>PREVI | MBER<br>NOUSLY<br>FOR           | PRESENT<br>EXTRA |       | RATE                | TIONAL<br>FEE          |         | RATE                       | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                                                         | Total                                          | *                                         | Minus                                  | **           |                                 | =                |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                         | Independent                                    | *                                         | Minus                                  | ***          |                                 | =                |       | X42=                |                        | OR      | X84=                       |                        |
| Ľ                                                                                                                                                                                                                                                                                                       | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE                             | PENDEN       | IT CLAIM                        |                  | ]     | +140=               |                        | OR      | +280=                      |                        |
|                                                                                                                                                                                                                                                                                                         |                                                |                                           |                                        |              |                                 |                  |       | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                         |                                                | _                                         |                                        |              | _                               |                  |       |                     |                        |         |                            |                        |
| AMENDMENT B                                                                                                                                                                                                                                                                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                        | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>FOR   | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                         | Total                                          | *                                         | Minus                                  | **           | 311                             | =                |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                         | Independent                                    | *                                         | Minus                                  | ***          | T (1) (1)                       | =                |       | X42=                |                        | OR      | X84=                       |                        |
| Ľ                                                                                                                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                        |              |                                 |                  |       | +140=               |                        | OR      | +280=                      |                        |
|                                                                                                                                                                                                                                                                                                         |                                                |                                           |                                        |              |                                 |                  |       | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                         | (Column 1) (Column 2) (Column 3)               |                                           |                                        |              |                                 |                  |       |                     |                        | _       |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                        | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                         | Total                                          | *                                         | Minus                                  | **           |                                 | =                |       | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                         | Independent                                    | *                                         | Minus                                  | ***          |                                 | ]=               |       | X42= ·              | _                      | OR      | X84=                       |                        |
|                                                                                                                                                                                                                                                                                                         | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DE                             | PENDEN       | IT CLAIN                        |                  | J     | .440                |                        |         | 1000                       |                        |
| *                                                                                                                                                                                                                                                                                                       | If the entry in colu                           | ımn 1 is less than t                      | he entry in col                        | umn 2. wri   | te "0" in co                    | olumn 3.         |       | +140=<br>TOTAL      |                        | OR      | +280=<br>TOTAL             |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE |                                                |                                           |                                        |              |                                 |                  |       |                     |                        |         |                            |                        |
|                                                                                                                                                                                                                                                                                                         | The "Highest Nur                               | mber Previously Pa                        | id For" (Total                         | or Indepen   | dent) is th                     | e highest numb   | er fo | und in the ap       | propriate bo           | x in co | olumn 1.                   |                        |